

CENTRAL CHRISTIAN ACADEMY
Background Information Form for Preschool Students

Is your child toilet trained?_____ Describe assistance needed and words

used_____

Does your child nap?_____ When?_____

What time does your child go to bed at night? _____ Wake up?_____

Does your child have any special fears?_____

What does your child usually eat for breakfast?_____

What are your child's favorite activities?_____

Does your child play well alone?_____ In groups?_____

With what age children does your child usually play?_____

Does your child accept correction easily?_____

What is the method of behavior control used in your home?_____

Has your child had group play experience?_____

Has your child been cared for by someone besides the family?_____

If so, please describe_____

Has your child been dismissed from a previous preschool or daycare ? _____

If so, please give reason_____

What do you hope will be included in your child's preschool program?_____
